## Appendix A: Complaint / Grievance Form

## **Grievant Information:**

Grievant Name:			
Address:	City:	State:	Zip Code:
Phone:	Email:		
Alternative Phone:			
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Person Preparing Complaint Relationship to Grie	vant (if different from	Grieva	nt):
Name:			
Address:	City:	State:	Zip Code:
Phone:	Email:		
Alternative Phone:			
Please specify any location(s) related to the complain	nt or grievance (if applic	able):	
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Please provide a complete description of the specific	complaint or grievance	:	
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Please state what you think should be done to resolve the complaint or grievance:			
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Please return to: ADA Coordinator, 203 East National Avenue, Brazil, IN 47834 or via facsimile to (812) 446-0337.

Upon request, reasonable accommodation will be provided in completing this Form or copies of the form will be provided in alternative formats. Contact the ADA Coordinator at the address listed above or via telephone (812) 443-2221.